DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service Food and Drug Administration FOOD PROCESS FILING FOR LOW-ACID ASEPTIC SYSTEMS													NOTE: No comme processing of low- FDA 2541 and FD	acid foo	ods unless	completed	eted Forms			FDA USE ONLY		
FOOD PROCESS FILING FOR LOW-ACID ASEPTIC SYSTEMS (USE FDA BOOKLET TITLED "ASEPTIC PACKAGING SYSTEM SUPPLEMENT") (TYPE OR PRINT ALL INFORMATION REQUESTED, IF AN ITEM DOES NOT APPLY ENTER "NA". FILE ACIDIFIED ASEPTIC (pH 4.6 of BELOW) ON F											:_				21 CFR 108.35 (c)			DATE RECEIVED BY FDA				
(ESTABLISHMENT NAME										SID:	D: / 4.							/	_	
	2.	ADDRESS (No.	. and Stree	et)							SCHEDULED ALTERNATE FOR /											
		CITY STATE				STATE	ZIP COE	DE CO	UNTRY	6.	s	SUP SID: //										
FDA USE ONLY	7.																					
		8. NAMES OF STERILIZING SYSTEMS 9.								PF	PROCESS ORIGIN 10. CONTAINER TYPE (Check one)											
		1. Product: 1							SOURCE			YEAR AND MONTH			1.	TINPLATI	E OR STEEL CA	TEEL CAN 3. GLASS				
		2. Packa							2				·		2.	ALUMINU	IM CAN	4. OTHER (sp			ecify in 22)	
		11. MAXIMUM WATER ACTIVITY ²	12. pH		Malua at Malua a		1	COSITY IN CEN	ITIPOISES OR APPR	POISES OR APPROPRIATE UNITS ⁴ Viscosity		14. SPECIFIC GRAVITY AT 77±20F	15. INSIDE DIAMETER OF HOLDING TUBE	TUBE	HOLDING LENGTH nches)	17. OT 61	HER CRITICAL PERCENT S		OL FACTORS <i>(Check a</i>		all that apply) FORMULATION	
		ACTIVITI	Normal	Maximum ³	77± 2 ⁰ F	Other Temp	Other Temp (⁰ F)	Units	Method Name	Character	•		(inches)			62 <u> </u>	_	O OF SOLIDS TO L JP STRENGTH			REHYDRATION (specify method in 22) PARTICULATES (specify maximum size in 22)	
		0.								D						68	METHOD O	F PREPAR	ATION		OTHER (specify in 22)	
		18. CONTAINER DIMENSIONS (Inches and Sixteenths)						SCHEDULED	PROCESS	OCESS			20. MAXIMUM FOOD FLOW		21. THRUPUT (containers / mi							
		OR	HEIGHT OR HEIGHT WIDTH		MINIMUM INITIAL ⁴ TEMP (⁰ F)		TIME (sec)	TEMP (⁰ F)				FLOW CORRECTION FACTOR	RATE (gal / min)		(**************************************	,						
	01																					
	02																					
	03																					
	04																					
	05																					
ı	06																					
22. CO	MMEN	TS:				·																
								,	AUTHORIZED CO	OMPANY F	REF	PRESENTATIVE										
	NAME (Type or Print)						TITLE				SIGNATURE				PHO! (ONE NUMBER			DATE	
2 If redu 3 Where	ced wa	ection, enter volum ter activity is used cation is followed for	as an adjur or normally	nct to the proc low-acid fruits	ess, specify the vegetables of	he maximum wa or vegetable pro	ater activity.			4 l 5 (fac Ore	critical factor in the prequivalent scientific ba	ocess. Isis of process ade	quacy.		,						

FORM FDA 2541c (4/97) PREVIOUS EDITION IS OBSOLETE.

Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS Reports Clearance Officer Paperwork Reduction Project (0910-0037) Room 531-H, Humphrey Building 200 Independence Avenue, S.W. Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please **DO NOT RETURN** this form to this address.